



Indiana State Department of Health

Project: Indiana State Trauma Care Committee (ISTCC)

Date: November 8, 2013 – 10:00 am

Attendance: **Committee members present:** Mike Garvey; Lewis Jacobson, MD; Meredith Addison, RN; Ryan Williams, RN; David Welsh, MD; R. Lawrence Reed, MD; Chris Hartman, MD; Matthew Vassy, MD; Gerardo Gomez, MD; Stephen Lanzarotti, MD; Donald Reed, MD; Tony Murray, Ex Officio member

Committee member present via telephone: Timothy Smith

Committee members not present: William VanNess, MD; John Hill; Scott Thomas, MD; Michael McGee, MD; Lisa Hollister, RN; Spencer Grover

ISDH Staff Present: Art Logsdon; Brian Carnes; Jessica Skiba

| Agenda Item | Discussion | Action Needed | Action on Follow-up Items |
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| 1. Welcome and Introductions – Art Logsdon | <p>A quorum was present for this meeting.</p> <p>Dr. VanNess (Chair) and John Hill (Vice Chair) were not able to attend this meeting, therefore, Art Logsdon and Mike Garvey proxied as Chair and Vice Chair, respectively.</p> <p>Art opened the meeting at 10:10 am and asked attendees in the room and on the phone to introduce themselves.</p> | N/A | N/A |
| 2. Approval of Minutes from the August 9, 2013 meeting – Art Logsdon | <p>Art asked for corrections to the August 9, 2013 Indiana State Trauma Care Committee minutes.</p> <p>It was noted that Dr. Donald Reed was in attendance at the August 9 meeting. Art stated the minutes are accepted as corrected.</p> | Minutes accepted as amended. | N/A |



Indiana State Department of Health

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| <p>3. Trauma Registry/EMS Registry Reports - Jessica Skiba</p> | <p>Jessica reported that 8 new hospitals are reporting data to the Registry and 1 hospital has dropped off. Twenty-three (23) hospitals have been trained on the Trauma Registry reporting system thus far.</p> <p><u>Trauma Registry Report: Quarter 2 Data</u></p> <p>Jessica presented the Trauma Registry report and the following information was requested by members of the Committee:</p> <p>Dr. Gomez asked that page numbers be added to the report.</p> <p>Dr. Lawrence Reed asked that for Emergency Departments (ED) length of stay (LOS) statistics need to show the outliers, not averages.</p> <p>The same change was suggested for ED LOS by injury severity score (ISS) table as well.</p> <p>Dr. Lawrence Reed asked for the ED Disposition by ISS to show unexpected deaths and unexpected survivals, as seen in the Trauma Score and Injury Severity Score Analysis (TRISS) graph (above and below the line).</p> <p>He also asked for “probability of survival” and would like to have numbers and counts, not percentages.</p> <p>Dr. Lawrence Reed also asked for a review of deaths with probability of survival greater than 50.</p> <p><u>Transfer Patient Data</u></p> <p>Items and points to be included in the Transfer Data are as follows:</p> | <p>Additional information as requested will be added to the report.</p> | |
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Indiana State Department of Health

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| | <p>Total number of transfers somewhere in the report – below the table.</p> <p>Was patient transferred from trauma center to trauma center or hospital to trauma center?</p> <p>Range of times, not just averages.</p> <p>Include patient demographic information to understand who is being transferred -</p> <p> Include info on ages – curious about pediatric transfers</p> <p> ISS graph to know why the patient was transferred</p> <p> Breakdown urban vs. rural or critical access hospitals</p> <p>Separate chart on helicopter data (non-transfer cases) to compare linked transfer cases to direct transport to trauma center by air</p> <p>Dr. Lanzarotti asked to add information about the time the patient arrives at the first hospital until the time when the decision is made to transfer to look at what the factor is that is causing delays or lengthy ED stays (i.e., is it waiting on the EMS to show up to transfer the patients? Is the decision made when the patient has been there too long?)</p> <p> Scene time by ISS to look at whether people stay and play or scoop and run?</p> <p> Is extrication information available? Are these patients included? This will affect some scene time.</p> | | <p>This information is not collected by all facilities reporting at this time</p> <p>Not in the trauma registry at this time</p> |
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| | <p>In speaking to transfer agreements, Dr. Lawrence Reed discussed information about having patients transferred to trauma centers, fixed there and then be sent to other hospitals to recover in their ICU to avoid diversion, etc.</p> <p>In addressing cases that expired in the ED – Dr. Lawrence Reed also wants ISS, blunt vs. penetrating trauma type (what types of cases are being seen and who dies from these types of injuries)?</p> <p><u>EMS Registry Report</u></p> <p>Jessica reported 215,000 reports have been received thus far. No data is being analyzed as this is still a pilot project at this time.</p> <p>Dr. Lawrence Reed asked that the destination time be changed to 45 minutes to look at that as too many fall into the >15 category.</p> <p>Brian Carnes noted that without the benefit of EMS run sheets, the ISDH does not have enough data to match for the purposes of analysis.</p> <p>Mike Garvey suggested adding the importance of pre-hospital documentation to the Indiana Emergency Response Conference (IERC) agenda.</p> <p>Information needs to be added to the website that all “In the Process” applications must be submitted to the Indiana Department of Homeland Security (IDHS) 30 days prior to the next ISTCC meeting.</p> | | |
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Indiana State Department of Health

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| <p>4. In The Process of ACS Verification” – Applications (2) - Art Logsdon</p> | <p>Art gave an overview of the “In The Process” application/verification process.</p> <p>He also noted that the ISDH staff relies heavily on the experts on the ISTCC to weigh in with their knowledge and expertise when making recommendations to the State Health Commissioner regarding the facilities applying for “in the process” status to be approved by the EMS/IDHS. He noted this is NOT an ISDH staff responsibility but a mandate of the ISTCC.</p> <p>Dr. Gomez noted the Sub-Committee met twice regarding the two applications before the ISTCC.</p> <p><u>Franciscan St. Elizabeth Health Lafayette East – Lafayette, Tippecanoe County</u></p> <p>Dr. Gomez gave a brief overview of the Committee’s deliberations and discussions regarding the application. There were some initial issues found by the Sub-Committee during the process. Brian Carnes listed these issues for the ISTCC members.</p> <ul style="list-style-type: none">(1) Signatures were missing – NOW OBTAINED(2) “Acting” Medical Director was not appropriate – the “Acting” has now been removed(3) No Trauma Registrar – they now have a Registrar and have completed training plus they have 2 staff members that are entering data(4) Response times were not noted – These have been obtained and shared with the Sub-Committee | <p>N/A</p> | <p>N/A</p> |
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Indiana State Department of Health

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| | <p>(5) Percentage of nurses who have TNCC - 82%</p> <p>“Neurosurgeons” Levels II and III is the only issue that is outstanding and the Sub-Committee will work with the hospital on this issue</p> <p>Franciscan St. Elizabeth Health Lafayette East staff members present via telephone want to know what a viable plan would entail.</p> <p>Dr. Donald Reed made a motion that the ISTCC recommend to the State Health Commissioner that he recommend to the IDHS/EMS Commission approval of the “in the process” application from Franciscan St. Elizabeth Health Lafayette East pending provision of satisfactory documentation to Dr. Gerardo Gomez, Chair of the Sub-Committee. The motion was seconded by Dr. David Walsh and approved unanimously. Dr. Chris Hartman recused himself from this vote.</p> <p>St. Vincent Anderson Regional Hospital, Anderson, Madison County</p> <p>Staff from St. Vincent Anderson Regional Hospital were present at the meeting.</p> <p>Dr. Gomez gave a brief overview of the Committee’s deliberations and discussions regarding the application. There were some initial issues found by the Sub-Committee during the process. Brian Carnes listed these issues for the ISTCC members.</p> <p>The major issue was documentation for the medical director indicated not being current in ATLS. The physician is currently enrolled (at the time of the November meeting) in an ATLS course scheduled to take place November 21 and 22 and documentation of his completion of the course will be forwarded to Dr. Gomez.</p> | | |
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Indiana State Department of Health

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| | <p>There was a question as to whether the medical director would be dedicated to this hospital only. Documentation has been submitted addressing this issue.</p> <p>A concern was raised regarding platelets and clotting factors and an agreement between the hospital and the Indiana Blood Center and whether the question was properly answered to the satisfaction of the Subcommittee. A representative from the facility stated documentation was provided the day prior to the meeting sharing more detailed information regarding response times and the lab will develop a plan to get these needed blood products on-site.</p> <p>Brian noted there was a concern regarding the CT Scan and conventional radiography capabilities. Brian noted documentation responding to this issue had been submitted.</p> <p>Dr. Stephen Lanzarotti made a motion that the ISTCC recommend to the State Health Commissioner that he recommend to the IDHS/EMS Commission approval of the “in the process” application from St. Vincent Anderson Regional Hospital pending provision of satisfactory documentation to Dr. Gerardo Gomez, Chair of the Sub-Committee. The motion was seconded by Dr. Lawrence Reed and approved unanimously.</p> <p>There was discussion on timely submission of “in the process” documentation and resubmitted documentation to the Sub-committee and the ISTCC. Dr. Vassy would like firm timelines and deadlines set for the submission. It was suggested that documentation should be submitted at a minimum of 30 days prior to the Sub-committee meeting for their review to allow time for additional documentation if needed and then to the ISTCC. As applications increase the deadline may need to be revisited and tightened.</p> | | |
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Indiana State Department of Health

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| <p>5. Updates – Brian Carnes, Missy Hockaday and Mike Garvey</p> | <p>Brian Carnes discussed the Indiana Emergency Response Conference (IERC) and asked the Committee for suggestions for topics for the Trauma track. He distributed a list and asked for recommendations for additions, corrections or deletions from the list by the Committee. He also asked for help with recommendations for speakers for this conference. Indiana Emergency Response Conference (IERC) suggested topics to be added: Shock index, Need for pre-hospital documentation, Triage and Transport Rule and Trauma Registry Rule Overview.</p> <p><u>PI Subcommittee</u></p> <p>Missy Hockaday shared information from the final meeting of 2013. She noted they are working hard on their goals of increasing the number of hospitals that are reporting to the Trauma Registry and working to increase the hospitals that are non-trauma centers that need to work on a mentorship with other hospitals that are trauma centers to begin reporting to the Registry.</p> <p>The subcommittee has also been in discussions to determine ways to decrease ED length of stays and transferring patients to a trauma care center thus keeping the time spent in an ED to a minimum of 120 minutes. The group is also trying to discover barriers to getting patients appropriate care in a timely manner.</p> <p><u>EMS Run Sheets</u></p> <p>Mike Garvey gave a brief update and noted 78% of providers are leaving run sheets as mandated and the IDHS will work hard to bring the other 22% into compliance.</p> | | |
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Indiana State Department of Health

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| | <p><u>Medical Directors Symposium</u></p> <p>Brian Carnes noted this meeting will be held on Friday, January 31, 2014 at The Garrison at Fort Benjamin Harrison. This will be a good tool to educate current and prospective medical directors on what it takes to be a good medical director.</p> <p>The ISDH is still looking for topics and speakers for this meeting. Any suggestions should be emailed to either Brian Carnes or Art Logsdon.</p> <p><u>Optimal Course</u></p> <p>Brian Carnes also discussed the Optimal Course that took place on October 11, 2013 at the Indiana Government Center South. He was pleased the course drew a great turnout of 60 people and he thanked the Indiana Hospital Association for providing breakfast and lunch and also the Society of Trauma Nurses for providing information to hospitals interested in participating in the statewide trauma system.</p> | | |
| 6. Other Business | Merry Addison announced a Trauma Program Managers Course which will be held November 13 and 14, 2013 at Methodist Hospital, Indianapolis. | N/A | N/A |
| 7. Adjournment | Art adjourned the meeting at 12:10 pm. The next meeting is scheduled for Friday, February 7 at 10:00 am in Rice Auditorium at the ISDH building. | N/A | N/A |